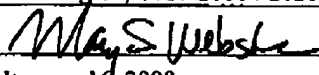


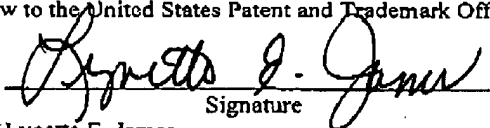
RECEIVED  
CENTRAL FAX CENTER

JAN 16 2008

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/032,221	
	Filing Date	December 21, 2001	
	First Named Inventor	Raghuram KALLURI	
	Prior Group Art Unit	1644	
	Confirmation No.	3472	
Total Number of Pages in This Submission	3	Attorney Docket Number	038812-001400

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Notice to Comply Formalities Letter <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mary S. Webster, Registration No. 37,156 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	January 16, 2008

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.	
January 16, 2008 Date	 Signature Lynette E. James Typed or printed name

RECEIVED  
CENTRAL FAX CENTER

JAN 16 2008

Docket No.: 038812-001400

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: )  
Raghuram KALLURI ) Group Art Unit: 1644  
Application No. 10/032,221 ) Examiner: Maher M. Haddad  
Filed: December 21, 2001 ) Confirmation No.: 3472  
For: ANTI-ANGIOGENIC PROTEINS AND ) Date: January 16, 2008  
FRAGMENTS AND METHODS OF USE )  
THEREOF )

## INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

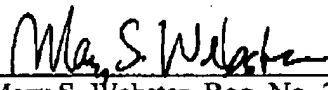
In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. To assist the Examiner, the documents to be considered are listed on the attached form PTO-1449.

The Commissioner is hereby authorized to charge the Deposit Account No. 19-2380 in the amount of \$180.00 comply with the provisions of 37 C.F.R. § 1.97(c). The Commissioner is hereby authorized to charge any fees connected with this filing which may be required now, or credit any overpayment to Deposit Account No. 19-2380.

It is requested that the accompanying PTO-1449 be considered and made of record in the above-identified application, and that an Examiner-initialed a copy of this form be returned to the undersigned.

Respectfully submitted,

Date: January 16, 2008

  
Mary S. Webster, Reg. No. 37,156

NIXON PEABODY LLP  
Suite 900  
401 9<sup>th</sup> Street, N.W.  
Washington, DC 20004-2128  
Telephone: (202) 585-8000

01/17/2008 VBUI11 00000024 192380  
01 FC:1806 180.00 DA

10032221